



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

ORDER OF SUPPORT LETTER

[DATE]

[NAME]
[ADDRESS]
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

The enclosed Order for Cost-of-Care Contribution dated [DATE], requires you to pay the State of Montana \$[AMOUNT] per month for the period your [SON/DAUGHTER], [NAME], is out of the home and placed with a provider at the expense of the State of Montana.

The Youth Court approved placing [NAME], in [HIS/HER] best interest and for the benefit of the community, at [FACILITY] at a rate of \$[AMOUNT] per month. Your contribution is approximately [PERCENT]% of the monthly expense paid for by the taxpayers of the State of Montana. Although [NAME] has been committed to the Department of Corrections/Youth Court until [HIS/HER] 18th birthday, [HE/SHE] may be placed with a provider outside the home for only a portion of that entire period.

Please make your monthly payments as follows:

- Mail payments to:
Department of Corrections
Youth Services
P.O. Box 201301
Helena, MT 59620-1301
- Make checks or money orders payable to the Department of Corrections (do not send cash), and for proper credit please write [Youth's Name]'s full name on the check or money order.
- Your payments are due the [DAY] of each month beginning [DATE]. Your monthly obligation began accruing the date [NAME] entered placement ([DATE]) and continues to accrue until [HE/SHE] is released from an out-of-home placement. I will inform you when your obligation has been fully met.
- If your circumstances change and you are unable to make the required payments, please contact me (not the Helena office) to make alternative arrangements for payment. Otherwise, if the full monthly payment is not received each month, it will be considered delinquent, and action will be taken. Such action may include, but is not limited to, filing contempt of court charges and/or instituting payroll withholding with your employer.

- It is your responsibility to notify me if you have requested a hearing with the Youth Court to object to the Order for Cost-of-Care Contribution.

Thank you for your cooperation. If you have any questions, please contact me at [xxx-xxxx].

Sincerely,

[NAME]
Regional Administrative Officer